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GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
7TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0380

LANA C. SEIVERS, Ed.D.
COMMISSIONER

Directions: All agencies providing mandated educational services to incarcerated youth under the Individuals with Disabilities in Education Act, 20 USC 1400 et seq. must complete this form. One form must be completed for each correctional facility in which services are to be provided. This report must be updated and resubmitted on an annual basis, no later than **August 31st** to reflect the previous **2004-2005** school year. Please return the original and one copy of the program plan to the attention of Davis Hines, Director of Juvenile Services & Charter School, to address listed above.

1. GENERAL INFORMATION:

County Detention Center/Juvenile Facility Name	
School District (responsible for providing educational services to the facility)	
Educational Provider Name/Address	
Contact Person	
Phone Number (area code and number)	
E-mail Address	

2. ESTIMATED NUMBER OF STUDENTS SERVED ON A DAILY BASIS:

(Full time equivalents – FTE's) _____

- a) WITHIN THE TOTAL ABOVE, ESTIMATED NUMBER OF STUDENTS WITH DISABILITIES:

AGES 17 AND UNDER: _____ AGES 18-21: _____

- b) ESTIMATE THE PERCENTAGE AND NUMBER OF STUDENTS WHO OPT TO NOT PARTICIPATE IN EDUCATIONAL PROGRAMS: _____ % _____ #

- c) ESTIMATE NUMBER OF DCS STUDENTS SERVED 2004-2005 SCHOOL YEAR.

_____ 1. HOW MANY ESTIMATED STUDENTS IN 2c-1 ABOVE WERE STUDENTS THAT WERE IDENTIFIED AS HAVING A DISABILITY? _____ 2.

3. NUMBER OF INSTRUCTIONAL HOURS SCHEDULED PER DAY:

Fall Program Begins Fall Program Ends Number of Hours Per Day	August _____ May _____ _____
(ESY-Extended School Year) Summer Program Begins Summer Program Ends Number of Hours Per Day	June _____ July _____ _____

4. **ACADEMIC PROGRAM SERVICES:** Indicate the number of hours per week that instruction is offered to incarcerated youth for the development of basic reading, mathematics, oral and written communication skills and in the other identified areas. Describe how the instructional programs are modified to address the needs of students with disabilities and English language learners.

Instructional Program	Hours Per Week	Describe how the instructional programs are modified to address the needs of students with disabilities and English language learners.
Basic educational skill development in reading, mathematics and communication skills		
High School Credit Courses		
General Educational Development (GED)*		
The Provision of Related Services for Students with Disabilities		
English for Speakers of Other Languages (ESOL)		
Life Management		
Career Planning		

5. **ASSESSMENT PROCEDURES:**
(Please use additional paper if needed to respond to questions 5-11.)

- i. List the assessment tests or evaluation materials which will be used to determine the most effective academic (reading, mathematics, receptive and expressive language) and transition program services for all incarcerated youth. Identify the dominant language of the test.
- ii. List the procedures for a multidisciplinary assessment including test or evaluation materials used to serve students identified as requiring more intensive program services (i.e., limited English proficiency, students with disabilities). Describe how Individualized Education Programs (IEPs) are developed or obtained.
- iii. Describe procedures for conducting annual reviews and triennial evaluations when appropriate. Include timelines.

6. **TRANSITION PROGRAM SERVICES:** Identify the number of hours per week that transition program services are offered to incarcerated youth during the year (and which may be a part of a continuum of activities and services carried out under the Workforce Investment Act (WIA), Title II, Section 225; No Child Left Behind (NCLB) Title I, Part D Neglected and Delinquent; Vocational and Technical Education Act (VTEA) projects).

Services	Hours Per Week
Career Counseling	
Decision-Making Skills	
Job Readiness	
Computer Training	
Family Literacy	
Other, specify	

7. **COMMUNITY SERVICES LINKAGES:** List the community supportive agencies which will provide services to students during incarceration and after release. Describe how your program will establish linkages to community service and county agencies and other school districts and maintain follow-up contact with clients. Describe the transfer of educational records and contracts/notification to school districts upon release of a client who is returning to school.

8. **PERSONNEL QUALIFICATIONS:** List the name of the teacher/counselor, teaching certificates or licenses held by the teacher/clinician/related service provider and relevant experiences of the teacher/counselors involved in the program.

Teacher/Clinician/Related Service Provider Name	Teaching Certificates or Licenses Grade Level Certification (K-6, 7-12, special education)	Appropriate Experiences

9. **STAFF DEVELOPMENT AND TRAINING:** List staff development and training activities that will be provided to the teachers and/or counselors by the school district. List the staff development and training activities that will be provided to the teachers and/or counselors through the DOE Staff Development or other workshops/conferences.

10. REQUESTS FOR EDUCATIONAL SERVICES AND NOTICE OF SERVICE PROVIDED:

Indicate in the box below whether the following procedures take place. Use additional paper to describe in detail how the procedure is completed.

Procedure	Yes	No
A youth is apprised by the correctional facility of the availability of educational services within 10 days of admission.		
An educational evaluation is completed no later than 10 school days after the district receives a request for educational services on behalf of a youth.		
Instruction commences no later than the 11 th school day following the school district's receipt of a request for educational services.		
The district's educational services are coordinated with other appropriate support services provided by the county.		
The district has procedures to assist the correctional facility in providing released or discharged youth with educational and related services available in the youth's school district.		
The district notification for educational services has been received from the correctional facility on behalf of the youth.		
The notice mentioned directly above is provided within 30 days of initiation of educational services.		

11. RESULTS: The United State Department of Education has requested the following information for students enrolled in the Incarcerated Youth Program (IYP) for the period from June 1, 2004 to July 30, 2005.

Result	Number of Students
Students participating in the (IYP)	
IYP students who returned to school	
IYP students who received a high school, high school equivalency diploma or appropriate certificates.	Regular Diploma _____ GED _____ Special Education Diploma _____ Certificate of Attendance _____
IYP students who obtained employment after release	

12. COST CATEGORY SUMMARY: List costs anticipated by budget category, which are required to operate the program.

BUDGET CATEGORY	PROJECT AMOUNT
Professional Salaries	
Nonprofessional Salaries	
Purchased Services	
Supplies and Materials	
Travel Expenses for Staff Development and Training	
Employee Benefits	
Indirect Cost (rate:_____%)	
Equipment	
TOTAL	

AUTHORIZED ORIGINAL SIGNATURE: Print or type the name of the Director of Schools of the Education Provider Agency below the individual's signature and enter the date on which the form is completed.

Signature, Director of Schools of Local Educational Agency

Print or Type Name

Date